

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **097830871**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		2				
6		2				
7		2				
8		0				
9		0				
10		0				
11		0				
12	1					
13		1				
14		2				
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50						
TOTAL IND.	2		1			
TOTAL DEP.	18					
TOTAL CLAIMS	20		1			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						